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PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/918,365		
	Filing Date	July 30, 2001	
	First Named Inventor	Eugene T. Michal	
	Group Art Unit	1762	
	Examiner Name	Erma C. Cameron	
Total Number of Pages in This Submission	34	Attorney Docket Number	50623.379

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Response To Office Action (12 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (1 page) (in duplicate)	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (___ month)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other:
<input type="checkbox"/> Information Disclosure Statement with Form PTO-1449 citing ___ References	<input type="checkbox"/> Terminal Disclaimer	Declaration Under 37 CFR 1.131 (2 pages); Appendix A (13 pages)
<input checked="" type="checkbox"/> Express Mail Label No. EV 721160996 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

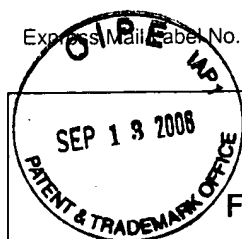
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	September 13, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: September 13, 2006			
Typed or printed name	Rebecca M. Klits		
Signature		Date	September 13, 2006

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FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = \$790.00

Complete if Known

Application Number	09/918,365
Filing Date	July 30, 2001
First Named Inventor	Eugene T. Michal
Group Art Unit	1762
Examiner Name	Erma C. Cameron
Attorney Docket Number	50623.379

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850

Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:☐ Check ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$120	2251/\$60	Extension for response within first month [†]	<input type="text"/>
116/\$450	2252/\$225	Extension for response within second month [†]	<input type="text"/>
1253/\$1,020	2253/\$510	Extension for response within third month [†]	<input type="text"/>
1254/\$1,590	2254/\$795	Extension for response within fourth month [†]	<input type="text"/>
1255/\$2,160	2255/\$1,080	Extension for response within fifth month [†]	<input type="text"/>
1401/\$500	2401/\$250	Notice of Appeal	<input type="text"/>
1453/\$1,500	2453/\$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/\$1,400	2501/\$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$800	2502/\$400	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	790

Other fee (specify): Other fee (specify):

SUBTOTAL (3) (\$ 790)

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$ 0)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

110/\$18 210/\$9 Reissue claims in excess of 20 and over original Patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due	
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**					
TOTAL	46	20 or 79	minus*	0	x	\$50	=	\$0	
INDEP	6	3 or 10	minus*	0	x	\$200	=	\$0	
<input type="checkbox"/> First presentation of multiple dependent claim						\$360	=	\$0	

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$ 0)

SUBMITTED BY

Typed or Printed Name

Zhaoyang Li, Ph.D.

Complete (if applicable)

Reg. Number

46,872

Signature

Date

September 13, 2006